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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF MISSOURI

St. Louis County DIVISION

(Write the full name of the plaintiff in this action.  
Include prisoner registration number.)

Shaman Wesley #1348513  
v.

Jeffery C. Essmyer

Case No: \_\_\_\_\_  
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury  
 Yes  No

(Write the full name of each defendant. The caption  
must include the names of **all** of the parties.  
Fed. R. Civ. P. 10(a). Merely listing one party and  
writing "et al." is insufficient. Attach additional  
sheets if necessary.)

**PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983**

**NOTICE:**

*Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.*

*Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.*

*In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.*

## I. The Parties to this Complaint

### A. The Plaintiff

Name: Shaman Wesley

Other names you have used: None

Prisoner Registration Number: HU.4C-25 (#1348513)

Current Institution: M.E.C.C.

Indicate your prisoner status:

- |   |  |
|---|--|
| <input type="checkbox"/> Pretrial detainee          | <input checked="" type="checkbox"/> Convicted and sentenced state prisoner |
| <input type="checkbox"/> Civilly committed detainee | <input type="checkbox"/> Convicted and sentenced federal prisoner          |
| <input type="checkbox"/> Immigration detainee       | <input type="checkbox"/> Other (explain): _____                            |

### B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

#### Defendant 1

Name: Jeffery C. Essmyer

Job or Title: COI Essmyer correctional Officer

Badge/Shield Number: \_\_\_\_\_

Employer: Richard Adams

Address: 18701 Old Hwy 66

Individual Capacity     Both     Official Capacity

**Defendant 2**

Name: \_\_\_\_\_

Job or Title: \_\_\_\_\_

Badge/Shield Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Individual Capacity

Official Capacity

**II. Statement of Claim**

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

Inmate Wesley was sent to medical for a broken shoulder and the results was a broken shoulder was ~~detected~~ detected. I received medical treatment at St. Mary's medical center 1/20/22 which I was given no medical records after receiving treatment. Still today M.E.C.C. hasn't given me any paperwork on my medical condition which is my reason for filing on the officer which caused the injury to me. They refuse to send me the arthropathy for further treatment and that was denied M.E.C.C. medical staff.

### III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

#### IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages. *My damages are punitive damages because I'm unable to lift fifty pounds are do the things I use to do with my right hand. As well my sleeping habits have changed as well. Plus I can't exercise anymore because I am in constant pain. I would like seven hundred thousand in damages.*

#### V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act (“PLRA”) 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes       No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

M.E.C.C.

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes       No       Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes       No       Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes       No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes       No

- E. If you did file a grievance:

1. Where did you file the grievance?

M.S.C.C.

2. What did you claim in your grievance? (Attach a copy of your grievance, if available) Send Copy

3. What was the result, if any? (Attach a copy of any written response to your grievance, if available) "It was denied"

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (*Describe all efforts to appeal to the highest level of the grievance process.*) *I filed the grievance process*

- F. If you did not file a grievance: *which I did*

1. If there are any reasons why you did not file a grievance, state them here:

*I did file a grievance at the time.*

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

*I informed the case manager Ms. Cline #51136*

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. *I was told to go to the records office and the law library.*

(*Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.*)

## VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

Yes       No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible. No

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes       No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff None

Defendant(s) None

2. Court (*if federal court, name the district; if state court, name the state and county*)

None

3. Docket or case number None

4. Name of Judge assigned to your case None

5. Approximate date of filing lawsuit None

6. Is the case still pending?

Yes

No (*If no, give the approximate date of disposition*): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?) None

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

Yes

No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff None

Defendant(s) None

2. Court (*if federal court, name the district; if state court, name the state and county*)

3. Docket or case number None

4. Name of Judge assigned to your case None

5. Approximate date of filing lawsuit None

6. Is the case still pending?

Yes

No (If no, give the approximate date of disposition): \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

## VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 12 day of April, 2022.

Signature of Plaintiff

